

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10 / 562627

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
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12							
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16							
17							
18							
19							
20							
21							
22							
23	1						
24	2						
25	2						
26	2						
27	(1)						
28	(1)						
29	(1)						
30	1						
31	0						
32	(1)						
33	(1)						
34	(1)						
35	(1)						
36	(1)						
37	(1)						
38	(1)						
39	(1)						
40	(1)						
41	(1)						
42	(1)						
43	(1)						
44	(1)						
45	(1)						
46	(1)						
47	(1)						
48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	28						
TOTAL CLAIMS	30						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL DEP.							
TOTAL CLAIMS							